PATENT

Attorney Docket No: 18894-17

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Alex Dolgonos

Group No.: 2617

Serial No.:

10/663,007

Oloup No.: 2017

Filed:

September 16, 2003

Examiner: Ho, Huy C

For:

INTERACTIVE DATA

BROADCASTING SYSTEM

Mail Stop: Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

- 1. Transmitted herewith is:
 - Amendment in response to the Office Action mailed August 21, 2007 (12 pages)

STATUS

2.	Applicant				
		claims small entity status.			
	\boxtimes	is other than a small entity			

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EXTENSION OF TERM

3.	apply. (complete (a) or (b), as applicable)									
	(a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
		Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)						
		first month	\$ 120.00	\$ 60.00						
		X second month	\$ 460.00	\$ 230.00						
		third month	\$ 1,050.00	\$ 525.00						
		fourth month	\$ 1,640.00	\$ 820.00						
		fifth month	\$ 2,230.00	\$1,115.00						
			Fee:	\$460.00						
If a	n additional ex	xtension of time is required, p	lease consider this a peti	ition therefor.						
		(Check and complete the r	next item, if applicable)							
		An extension of more therefore \$ is deducted of extension now requested	ed from the total fee due							
		Extension fee due with t	his request \$							
	,	OR								
	co aj	Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.								

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FEE FOR CLAIMS

4.]		for clai	ims (37 C	C.F.R. 1.16(b (Col. 2)	(Col. 3) (O	been calculated as s	hown	OTHER THAN SMALL ENTITY
	CLA REMA AF	AIMS AINING TER DMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.	AWILIV	DIVILITY	MINUS	TAIDTOR	=	x \$25.00 = \$		x \$50.00 = \$
			MINUS		=	x \$105.00 = \$		x \$210.00 = \$
	FIRS'1	PRESEN'	FATION OF	MULTIPLE DEP. (CLAIM	+ \$185.00 = \$		+ \$370.00 = \$
				·		TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a)	\boxtimes	No add	itional fee fo	r Claims i	s required		
					OR			
	(b)		Total a	dditional fee	for claims	s required \$		
				FEI	E PAYMI	ENT		
5.	Attached is a check in the sum of \$							
	\boxtimes	Charge Deposit Account No. 01-2384 the sum of \$460.00.						
				FEE	DEFICIE	ENCY		
6.	\boxtimes	If any 01-23		al extension	and/or fee	is required, charge	Depos	sit Account No.
					AND/OR	L.		
		If any 2384.	addition	al fee for cla	ims is req	uired, charge Deposi	it Acc	count No. 01-
7.		Other			Re A Or St	obert E. Slenker egistration No. 45,11 RMSTRONG TEAS ne Metropolitan Squ . Louis, MO 63102-2	DAL are, S	